



INDIANA NATIONAL GUARD
YOUTH COUNCIL
RECOMMENDATION FORM



Applicant: Please give this form to any adult not related to you, who you think can speak to your strengths (teacher, coach, principal, counselor etc.)
Recommender: Please make sure everything is filled out clearly and legibly in ink. Use additional paper if necessary. Return to Youth Program Office:

**State Youth Coordinator
Ann Medford/Suzanne Dagley
2002 S. Holt Rd.
Indianapolis, IN 46241**

Recommender's name: _____

Phone Number: _____

Applicant's Name: _____

How long have you known the applicant: _____

What is your relationship to the applicant? _____

Please comment on why you think this person should be a part of the Indiana National Guard Youth Council. Consider what unique qualities and talents this person can bring to the Council.

Recommender's Signature

Date